

Telemedicine

Telemedicine Requirements Established in California

The “California Telemedicine Development Act” (Chapter 864, statutes of 1996) imposed several requirements governing the delivery of health care services through telemedicine. The Act defined as the use of information technology to deliver medical services and information from one location to another. Clean up legislation (1997, Chapter 99) passed the following year and the sunset provision was subsequently removed in budget trailer language.

Telemedicine was recognized as part of an approach to address the problem of provider distribution and the development of health systems in medically underserved areas by improving communication capabilities and providing convenient access to up-to-date information, consultations, and other forms of support.

Defining Telemedicine (TM)/Telepsychiatry/Telemental Health, etc.

Telemedicine is defined as the electronic transfer of medical information (graphic, video and voice) between distant locations. In addition to providing a link between patients and health professionals, such systems are used by specialists and institutions for consultation and educational purposes. A medical specialist or educator at the host site communicates directly with patients, clients, or colleagues at a remote site.

Telepsychiatry is the specific application of TM to psychiatry, and is performed by teleconferencing, which is a simple technology. It requires the use of a monitor and/or television and a small camera to talk to another person, over special phone lines, much like a face-to-face contact and in real time. This type of equipment does not use any internet connections. The telephone lines are dedicated only to this use. This service type is a video signal sent over a dedicated phone line in what is referred to as a “site-to-site” connection”, and is a standard that is considered the most secure and confidential.

Telemental Health, Ehealth, and many other names too numerous to mention are the use of interactive telecommunications to provide a broad array of health/mental health services.

Benefits of Telemedicine

TM improves the delivery of health care by bringing a wider range of services such as mental health services, radiology, and dermatology to underserved communities and individuals in both urban and rural areas. In addition, TM helps attract and retain health professionals in rural areas by providing ongoing training and collaboration with other health professionals.

Some additional benefits of TM are listed below:

- TM is an acceptable practice in most areas of health care: standards and best practices are emerging rapidly
- Emerging research has shown that TM is effective, and consumers, consistently express high satisfaction with TM as a substitute for face to face interventions
- The costs of running a TM program are stable and predictable after the initial investment in equipment costs, which today are approximately \$10,000.
- TM can increase access to care for underserved beneficiaries
- TM may increase revenue to the county by providing services to more people who otherwise would not have been served
- TM can improve the coordination of care due to the enhanced ability of treatment team members to communicate with each other
- TM can improve the coordination between physical health and behavioral health services,'
- Gaps in cultural competencies and languages can be filled using staff and clinicians at the remote site.

California Telemedicine(TM) Networks/Counties Utilizing TM

There are approximately 10 separate TM networks in California, each with its own unique structure and business model. Each county also has at least some current capability to implement TM services. For example, the California State Association of Counties (CSAC) has completed the implementation of teleconferencing sites and a communication bridge in each county's CAO office.

County mental health departments have always relied on collaborative efforts to avoid duplication and maximize cost effectiveness. This especially is true in rural areas, which have traditionally shared a small number of providers and hospitals. The establishment of TM services is no exception.

One of these TM networks is Northern Sierra Rural Health Network (NSRHN), which provides TM services to 9 Northern Region counties. These counties are Modoc, Siskiyou, Shasta, Lassen, Plumas Sierra, Nevada, and Trinity. NSRHN serves health care professionals, organizations, and agencies covering more than 27,000 square miles of Northeastern California. The funding sources are numerous, and include the Office of Rural Health Policy-Rural Network Development Grant, California Telehealth/Telemedicine Center, Blue Cross of California Health Families Rural Demonstration Project, UC Davis Health System, and Office of Statewide Health Planning just to name a few.

Telemedicine Resource Centers

The California Telemedicine & eHealth Center (CTEC), * is a statewide resource center funded by The California Endowment and is a project under the California Health Foundation & Trust, the nonprofit entity of California Healthcare Association. CTEC is focusing its statewide strategic efforts to build Telemedicine and eHealth capacity and competency among providers and to decrease the digital divide as it relates to health care services for California's rural and underserved populations.

The eMental Health project funded by CTEC focuses on seven to ten existing telemedicine-ready rural community clinics, whose organizations had a documented need for increased mental health care services and resources, and who had agreed to participate. The UCD psychiatric consultation-liaison team provides professional expertise (advice and consultations) via multiple communications technologies on the management of patients who present to the selected rural sites, especially for complex and/or urgent mental health issues. The service has an educational focus, as well as a clinical one, to help the rural sites short- and long-term. It involves the employment and training of an accredited non-medical mental health professional, and offers a choice of urgent and non-urgent consultations by phone, fax, email/Internet, or videoconferencing.

The UC Davis Center for Health and Technology (CHT) is home to a highly successful telemedicine program offering over 30 specialty consultations. Telepsychiatry has been a part of this program since 1996. To date, just over 1,200 telepsychiatry consultations have been conducted. The growing need for telemental health services results in delays of 1-2 months for patients, despite an increase in services available since March, 2003. By augmenting the existing telemental health care service, the collaborative efforts of the UCD Department of Psychiatry and Behavioral Sciences and the CHT enhances the delivery of, and access to, telemental health care services to these rural communities by creating a multi-tiered service system provided by an interdisciplinary team.

The eMental Health project at the UC Davis Medical Center encompasses multiple levels of operational and service-oriented objectives as listed below:

1. The provision of Psychiatric services via Telemedicine to rural communities where a shortage of these services exists.
2. Integrate the telemedicine consultation services developed in this project into the UCD psychiatric consultation-liaison services for long term sustainability.
3. Provide multidisciplinary services to the rural sites through the inclusion of clinical psychologist services as part of the consultation services.
4. Provision of a mental health triage service for rural communities to allow them to have urgent telephone and email access to the psychiatric consultation team at UCD.

The eMental Health team from UC Davis held meetings with each of the ten rural sites at the onset of this project to both provide continuing medical education programs for these rural providers and to also develop relationships with their rural partners. To date this project has doubled the number of psychiatric consults to these rural communities and has been well received by both the providers and the patients.

Telemedicine Implementation Resource Manual

California Institute for Mental Health (CIMH) and California Mental Health Directors Associations with the direction and leadership from the Telemental Health Executive Committee developed the Operations and Implementation Manual for County Mental Health Plans, which was released in November of 2002. The Manual summarizes current efforts in the area of telemedicine by counties and providers, describes requirements for successful implementation of telemental health and telepsychiatry programs, provides general guidelines for handling Medi0Cal reimbursement, and includes appendices with detailed information on some of the currently operating programs. This manual is posted to CIMH website at www.cimh.org.

References:

California Telemedicine & eHealth Center

www.cteonline.org

Northern Sierra Rural Health Network

www.nsrhn.org

UC Davis TeleHealth Program

www.ucdmc.ucdavis.edu

California Institute of Mental Health

www.cimh.org

California Mental Health Directors Association

www.cmhda.org